

# **Air Force Form 1540--INSTRUCTIONS**

## **Application for Clinical Privileges**

### **(For Use by Practitioners Completing Training)**

**PURPOSE:** To be completed by practitioners completing education/training and being assigned to medical treatment facilities (MTF). The form is used by the MTF to establish a credential file and award clinical privileges.

**Section I:** Complete all information requested in this section.

**Section II:** List information regarding professional schools (MD, DO, PhD., etc.) as indicated.

**Section III:** List all parent hospitals/institutions at which you have received and/or are currently completing postgraduate training. Do not list facilities where you only performed clinical rotations.

**Section IV:** List organizations where you have worked since completion of professional school. Do not include periods of residency/fellowship training. (If applicable)

**Section V:** List specialty or specialties in which you are fully qualified (completed residency/fellowship training).

- List specialty/specialties in which you are board eligible (will take certification examination the next time offered).
- List any information regarding completion of specialty board certification.
- List information regarding any state licensure (use pencil in expiration date block to facilitate updating).

**Section VI:** List any membership in professional societies (AMA, ACOG, etc.).

**Section VII:** List three professional references. **(One must be your program director and the other two will be from preceptors or staff physicians who know your work well.)**

**Section VIII:** Answer all questions in subsections A through J.

**Section IX:** Read statement, **sign and date form.**